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APPLICANTS

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** CONTINUING DATA *****

NONE HR

** FOREIGN APPLICATIONS *****

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HR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HR</i>	Verified and Acknowledged Examiner's Signature _____ Initials _____			

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TITLE

Targeted modification of intracellular compounds

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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